bationer. Ringing for his own nurse, he said: "Those flowers are beautiful, but do you know I don't think it quite right for a fellow to monopolize them. Are there not some patients who have none?" "Indeed," she replied, "I can soon find some one to whom your thoughtfulness will bring a ray of sunshine." "Take that vase of red carnations and the yellow chrysanthemums from the table," he said. The chrysanthemums were placed in one of the wards, but straight to Lucy the carnations were taken. "See," said the nurse, "these are for you," and the trembling hand of the child reached for the flower which the nurse put in it. "The others we will put on a chair by your bed." That evening Lucy grew weaker and coma came on. Long the flower was clutched in her fingers, though she did not know. All night, the child lingered, and next morning when the day nurses came on duty again, the little heart ceased to beat, "pappy's baby" was asleep, but the little hand still held the red carnation, for no one had had the heart to take it away.

EYE EXAMINATION, TREATMENT AND OPERATION

By HENRY GLOVER LANGWORTHY, M.D.

Lecturer on Diseases of the Eye, St. Joseph's Mercy Hospital Training School for Nurses, Dubuque, Iowa.

(*Continued from page 646*).

REMOVAL OF MISPLACED LASHES

As the nurse is occasionally requested to pull out ingrowing hairs, a word along this line will not be found amiss.

Inversion of the eye-lashes or trichiasis is a condition in which a number of the lashes turn in so that they rub against the cornea. The misdirected lashes cause mechanical annoyance and injury to the delicate outer epithelial layer of the cornea, with resulting irritation, sensitiveness to light, and eventually scarring. The lashes, particularly if few in number, may be pulled out as required and the process repeated when necessary. The technic of the procedure is as follows: The edges of the lids should be carefully inspected and the location of the larger, coarser ingrowing hairs noted first. One by one they are seized firmly with cilia forceps (tweezers), and the offending lash quickly removed. If the tweezers used be a good pair, the hair will be held securely and will not slip or break off. For removing finer, so-called white hairs, a magnifying glass may be necessary in order to detect and pull them out. Following this systematic removal of as many of the troublesome hairs as

Fig. 5.

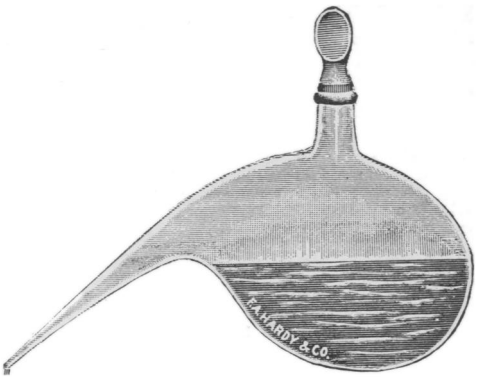

Fig. 6.

possible, the eye may be flushed gently with a warm boracic acid solution or clean warm water and a bit of vaseline applied to the edge of the lids.

Note.—Sometimes when the eye is very sensitive and the examination and treatment difficult, a weak solution of cocaine (1 per cent.) may be instilled by the physician for convenience in handling the case. Cocaine should not be used by the nurse, however, except by direction of the doctor in charge.

EYE OPERATIONS IN GENERAL

As a rule operations upon the eye such as the removal of small lid tumors, incision of cornea, cataract extraction, removal of a piece of the iris, straightening eyes in squint, etc., are all performed with the patient lying quietly in bed upon his back. Cocaine, 4 per cent. solution, is the local agent employed for securing anæsthesia. Severer operations, such as the complete removal of the eye in enucleation, iridectomy, in glaucoma, and operation on very young children, are about the only ones carried out under general anæsthesia.

Preparation of Patient for Average Eye Operation.—The eye-brows, eye-lids, and skin about the eye generally should be cleaned with soap and warm water and perhaps a weak corrosive sublimate solution, and the conjunctival sac flushed with saturated solution of boric acid or sterile water (Fig. 5). Any irritating substance, however, should not be allowed to enter the eye itself. If the operation is not to be performed for some hours, the eye may be kept covered with a compress of lint (soaked in a weak bichloride solution 1:5000) and a well-fitting bandage (Fig. 6). At operations, the pad and bandage are removed, and the eye again flushed by the operator or his assistant. Often a square piece of gauze with a hole cut in the middle and previously soaked in a bichloride solution (1:5000) is placed over the face so that the eye itself is the only portion exposed. This will preserve a clean operative field. Bowls of warm water, normal salt or boracic acid solution, cotton balls, operating table or couch, and a bucket for waste should be provided. A nurse may at the request of the physician act as his assistant in sponging the wound. When wiping away blood at an eye operation never press hard upon the globe, but allow merely the moistened end of a bit of cotton to gently absorb the blood or excess of fluid present. The lids themselves may be wiped more forcibly, but the eye-ball seldom. The nurse in a short time should be able to provide whatever material may be required for the ordinary eye operations without asking unnecessary questions of the attending surgeon. A solution of atropine sulphate 1 per cent., cocaine 4 per cent., and adrenalin chloride (epinephrin) (1:1000)

should be conveniently at hand ready for instant use. Often the request is made that such solutions be sterilized by heating before being used. As mentioned above most all eye operations are performed under local 4 per cent. cocaine anæsthesia secured by dropping one drop in the eye every two or three minutes for three doses, but if a general anæsthetic should be required the preparation is then the same as in general surgery. Strict attention must be paid to the matter of clean hands, towels, cotton, irrigating solutions, and a clean operative field. As a rule, pus cases should not be operated on the same day, at least not in a room where delicate, clean eye operations are to be performed. A bichloride solution about the eye is seldom used in a strength over 1:5000. Normal salt or boric acid solutions are the most frequently used irrigating solution in eye work. In preparing instruments, the heavy ones may be boiled, but delicate cutting instruments, such as cataract knives, cystotomes, keratomes, knife needles, etc., are to be cleansed with caution by dipping in boiling water and then into alcohol, and finally placed in a pan of sterile water until required. A 5 per cent. solution of carbolic acid is also much used for sterilization. Some operators sterilize their instruments in a special copper compartment box by the use of formaldehyde gas. Suture material of fine black silk of various sizes and small curved eye needles should always be ready for an emergency. After operations great care must be observed in handling and putting away all small eye instruments.

Post-operative Care Following Eye Operations.—With the completion of an eye operation, the surgeon flushes the eye with a warm sterile salt or boracic acid solution, instils a drop of whatever medicine is required, and applies a bit of simple vaseline to the inside of the lower lid. Bichloride ointment is the most frequent ointment applied to the eye-ball before bandaging, to prevent sticking of the bandage to the lids. It is always wise in bandaging eyes, especially where delicate eye operations have been performed, to prohibit the patient from raising the head himself. The head should be raised by the nurse or assistant while the bandage is being put on. At the first dressing, and especially where the eyes have been bandaged for some time, the skin about the eyes and forehead should be cleansed with warm water containing a few drops of peppermint or a weak solution of alcohol in water. This treatment is very agreeable to the patient, as it allays itching and other discomfort due to the constant presence of the bandage. Severe operative cases are usually confined in a darkened room for a few days following operation and kept as quiet as possible. Patients should be cautioned to avoid accidentally striking an operated or bandaged eye with the hands.

MATERIAL AND INSTRUMENTS REQUIRED FOR IRRIGATING AND PROBING NASAL DUCT IN CHRONIC TEAR-DUCT OBSTRUCTION

Cotton balls for absorbing irrigating fluid, two or three towels, rubber apron to protect patient's clothes; cocaine hydrochlorate 4 per cent. solution; protargol 2 per cent. or argyrol 25 per cent. solution; bowl of clean warm water; small jar bichloride ointment (1:3000), canaliculus knife, lachrymal syringe, and a set of Bowman's lachrymal probes. At the first treatment a small knife (canaliculus knife) is used for slitting the canaliculus. This opening is made from the puncta along the internal surface of the eye-lid to the inner canthus, and follows the horizontal course of the canal. One or two small glass dishes for holding fluids and an eye dropper will also be required. Patients frequently have to wear these probes or sounds in place in the tear-duct for from ten to twenty minutes. In obstinate strictures a large sized Bowman probe is sometimes forced through the nasal duct under a general anæsthetic, or the sac itself may be removed by operation.

LACHRYMAL ABSCESS

A lachrymal abscess is usually incised externally through the skin with a sharp knife, and its contents evacuated. The wound is kept open for drainage with a small iodoform or plain gauze wick and dressed daily. Local anæsthesia is secured by throwing a fine spray of ethyl chloride on the part until the tissues are white (frozen). Ethyl chloride is much used in minor surgery for local skin and subcutaneous anæsthesia. During the operation the head of the patient may be steadied by the nurse. To recapitulate,—the following materials should be provided if possible: towels, absorbent cotton, sterile gauze, knife, tube of ethyl chloride, dressing forceps, bowl warm water, eye dropper, and roller bandage. The skin over the sac region may be cleansed with soap and water and a weak bichloride solution. Dipping the blade of the knife into alcohol is here usually sufficient for sterilization.

NURSE'S PREPARATION FOR CHALAZION (LID TUMOR OR CYST) OPERATION

The operation is performed with the patient either lying down on a table or sitting erect in a stiff back chair in front of a window. A bowl of warm water, eye dropper, small cotton wads or balls for sponging, and two or three clean towels will be required. As mentioned under eye operations in general, when the patient is operated upon in a recumbent position many operators cut a hole in a large piece of gauze previously dipped in a 1:5000 bichloride of mercury solution and lay it over the entire face, leaving only the eye which is to be operated upon

exposed. Local anæsthesia is obtained by dropping a solution of cocaine 4 per cent on the inner surface of the lid every three minutes for three or four doses. In performing this operation the lid is usually everted with a special pair of ring chalazion forceps, which completely surrounds the tumor, rendering the operation more or less bloodless. The instrument is so made that when clamped on the lid the metallic back also protects the eye-ball from any possible injury. The other instruments required are a small scalpel and a chalazion curette or tiny scoop. The cotton sponges used for wiping away blood or secretion should always be moistened in warm water and squeezed fairly dry before being applied to the eye. It is worth while repeating that the nurse should not press down unnecessarily hard when sponging, as it will cause pain and is moreover apt to bruise and injure the eye-ball underneath. Following a lid operation of this kind sterile vaseline or bichloride ointment, 1:3000, is usually applied and a bandage worn for 24 hours, although a bandage is not always necessary.

(To be continued.)

FUTURE POSSIBILITIES OF THE STATE ASSOCIATION OF GRADUATE NURSES.*

By LUCY C. AYERS

Superintendent of Woonsocket Hospital, Woonsocket, R. I.

I am here to-day to say a few words in behalf of the Rhode Island Association of Graduate Nurses, which has just passed its seventh birthday. Its early life is the story of struggle and neglect. But for the few women who were responsible for its existence and who realized the place it must take in nurses' progress in the future in the state of Rhode Island, it would have perished in its infancy from inanition. Fortunately it was organized and incorporated under the laws of the state in the beginning, which fact has kept it intact, in spite of insufficient support from indifferent members of the profession.

The knowledge that all things permanent mature slowly gave us courage in spite of the violent opposition our bill met when introduced to the session of 1905. We withdrew it, realizing that the public was not yet ready for the act of registration that we wished to secure in the state to maintain high standards for the nursing profession. Our nearest

* Read at the Seventh Annual Meeting of the Rhode Island Association of Graduate Nurses, Providence, March 6, 1912.